PTO/SB/06 (06-03) Approved for use through 7/31/2008. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION SEE DISTERBALNATION Conduction of information unless it displays a valid OMB control number.										
PATENT APPLICATI N FEE DETERMINATION RECORD Substitute for Form PTO-875 Acciliation of Doctor Number Application of Doctor										control number.
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL								OR		R THAN ENTITY
FOR BASIC FEE		Mus	MUMBER FILED		NUMBER EXTRA		FEE	7	RATE	FEE
(27	CFR 1.16(a))							OR		1
(37	CFR 1.16(c))	ums -	minus 20 = *			X3		OR	x s•	
(37	CFR 1.18(b))		minus	3 = -				OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))] [<u>+,</u> .		OR	+5=	
* If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL	
CLAIMS AS AMENDED - PART II										
$oxed{1}$	17/09	(Cotumn 1) (Cotumn 2) (Cotumn 3)				SMALL	ENTITY	OR	OTHE	R THAN ENTITY
AMENDMENT A	Yotal	REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
ğ	OF CFR 1.16(c) Independent OF CFR 1.16(b)	Z		20	ļ	X8		OR	x \$	
ME		13	Minus		•	X3		OR	x \$=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					+5	<u> </u>	OR	+1	
	0 -					ADD'L FEE		OR	TOTAL ADD'L FEE	
	8-7-01	CLAIMS		(Cotumn 2)	(Calumn 3)				_	
AMENOMENT B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total G7 CFR 1.14(c)	-7	Minus	20	• /	x s=		OR	x 8 =	
ğ	Independent (37 CFR 1,100))	3	Minus	3		x s=		OR	x \$•	
_	FIRST PRESENT	REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						OR	+ 5 -	
	•	· •.				TOTAL ADD'L FEE		OR	TOTAL - ADD'L FEE	·
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							`		
WEN		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total pr CFR Lisety		Minus	••		x s=		OR	x \$ -	
	independent propriet	·	Minus	***	•	x 8		OR	x 5	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+1		OR	+,	
•	If the entry in ~	kimn 1 le laca it	n fha anta-	la anhana a a a	TOTAL ADD'L FEE		OR E.	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFYO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFYO. Three will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.